

**Metropolitan Planning Commission**  
Shreveport | Caddo Parish

# Unified Development Code Development Application

UDC Development Application and Review Packet



**CITY OF SHREVEPORT**  
UNIFIED DEVELOPMENT CODE

**Current Planning Department**  
505 Travis Street, Suite 440  
Shreveport, LA 71101 | phone 318-673-6480

[www.shreveportcaddompc.com](http://www.shreveportcaddompc.com)



## UDC DEVELOPMENT APPLICATION

Prior to any development application being accepted by the MPC, a Pre-Application Meeting is required for all applicants.

DO NOT WRITE IN THIS AREA-OFFICIAL USE ONLY	
Date: _____ Planner: _____ Case No: _____ Application Fee: _____	
<b>PROPERTY INFORMATION:</b>	
Project Name: _____ Associated Cases: _____	
Project Address/Location: _____	
Current Zoning District: _____ Proposed Zoning District (if applicable): _____ Parcel Number(s): _____	
CASE TYPE	
<input type="checkbox"/> Zoning Map Amendment (Rezoning)	<input type="checkbox"/> Planned Unit Development (PUD)
<input type="checkbox"/> Special Use Permit	<input type="checkbox"/> Zoning Map Amendment and Preliminary Site Plan
<input type="checkbox"/> Preliminary & Final Plat (5 or more lots)	<input type="checkbox"/> PUD Site Plan (Administrative)
<input type="checkbox"/> Final Plat (Less than 5 lots)	<input type="checkbox"/> Small Planned Unit Development (SPUD)
<input type="checkbox"/> Re-Plat	<input type="checkbox"/> Zoning Map Amendment and Site Plan
<input type="checkbox"/> Public Right-of-Way Closure and Abandonment	<input type="checkbox"/> Site Plan Approval
	<input type="checkbox"/> Site Plan Revision
	<input type="checkbox"/> Site Plan Modification
	<input type="checkbox"/> Other: _____
<b>PARCEL DESCRIPTION:</b> <i>(existing platted subdivision name, block and lot designation; if un-platted, provide a detailed metes and bounds description)</i>	
_____	
_____	
<b>GENERAL LOCATION OF PROPERTY:</b> <i>(street address and/or frontage, and distance to cross street)</i>	
_____	
<b>PROPOSED USE OF THE PROPERTY:</b>	
<input type="checkbox"/> Single-Family Residential <input type="checkbox"/> Multi-Family Residential <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Townhouse Residential <input type="checkbox"/> Duplex Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
Provide a brief explanation, attach additional sheets, if necessary _____	
_____	
_____	
ZONING INFORMATION	BUILDING INFORMATION
Current Zoning District(s): _____ Proposed Zoning District(s): _____	Proposed Building Use(s): _____
If more than one district, provide the acreage of each: _____	Existing Building(s) sq. ft. gross: _____
Special Purpose Overlay District (if applicable): _____	Proposed Building(s) sq. ft. gross: _____
Total Site Acres: _____	Total sq. ft. gross (existing & proposed): _____
Off-Street Parking Required: _____	Proposed height of building(s): _____ Number of stories: _____
Off-Street Parking Provided: _____	Ceiling height of First Floor: _____
DIMENSIONAL STANDARDS	
Lot Area (square footage): _____	Lot Coverage (Total Area in square feet): _____
Lot Coverage Percentage of Total Lot Area: _____	
STORMWATER INFORMATION	
Existing Impervious Surface: _____ acres/square feet	Hazard Flood Area <input type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Impervious Surface: _____ acres/square feet	Red River <input type="checkbox"/> Yes <input type="checkbox"/> No
Cross Lake Watershed <input type="checkbox"/> Yes <input type="checkbox"/> No	Wetlands <input type="checkbox"/> Yes <input type="checkbox"/> No



# UDC DEVELOPMENT APPLICATION

### IMPORTANT NOTE ABOUT PROJECT CONTACT

If property owner designates an agent as the coordinator for the project, this person (the applicant) shall attend all necessary meetings and public hearings, will receive the agenda, recommendations, and case reports, and will communicate all case information to other parties as required. **All contact for this project will be made through the applicant listed below.**

**NAME, ADDRESS, AND SIGNATURE OF ALL PROPERTY OWNERS: The property owner's notarized signature is mandatory.** ALL property owners must sign. All **property owners** must sign unless one person has the power of attorney to sign for others and that power of attorney is submitted with the application. A managing partner in a corporation may sign and submit written authorization. **If in business name or corporation, list all persons owning 6% or more. Attach separate sheet if necessary.**

#### APPLICANT CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### ARCHITECT CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### ENGINEER CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### CURRENT PROPERTY OWNER CONTACT INFORMATION:

Check if Primary Contact

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Designee Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### PROPERTY OWNER, CHECK ONE OF THE FOLLOWING:

\_\_\_\_ I will represent the application myself; OR \_\_\_\_ I hereby designate \_\_\_\_\_ (name of project representative) to act in the capacity as my agent for submittal, processing, representation, and/or presentation of this request. The designated agent shall be the principal contact person for responding to all requests for information and for resolving all issues of concern relative to this request.

#### ACKNOWLEDGEMENT:

I hereby certify that I am the owner of the property and further certify that the information regarding property ownership provided on this development application is true and correct.

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_, COUNTY/PARISH OF \_\_\_\_\_:

BEFORE ME, a Notary Public, on this day personally appeared \_\_\_\_\_ (printed property owner's name) the above signed, who, under oath, stated the following: "I hereby certify that I am the property owner for the purposes of this application; that all information regarding property ownership herein is true and correct." **SUBSCRIBED AND SWORN TO** before me, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in the and for the State of \_\_\_\_\_